



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

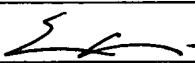
Total Number of Pages in This Submission

Application Number	09/717,138
Filing Date	November 22, 2000
First Named Inventor	Shunpei YAMAZAKI et al.
Group Art Unit	2871
Examiner Name	G. Wang
Attorney Docket Number	0756-2232

ENCLOSURES (check all that apply)

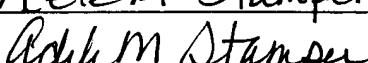
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures 1. RCE 2. 3. 4. 5. 6.
		Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	June 24, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Type or printed name	Adele M Stamper		
Signature		Date	June 24, 2005

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FEE TRANSMITTAL FOR FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$ 910.00)*Complete if Known*

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METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

50-2280

Deposit Account Name

Robinson Intellectual Property Law Office

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17 and
credit overpayments

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001	300	2001 150 Utility filing fee	
1111	500	2111 250 Search fee	
1311	200	2311 275 Examination fee	
Over 100 Sheets/250 for each additional 50			

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

		Fee from below	Fee Paid
Total Claims	20**	= <input type="text"/> X \$50 = <input type="text"/>	
Independent Claims	3**	= <input type="text"/> X \$200 = <input type="text"/>	
Multiple Dependent		= <input type="text"/>	

Large Entity Fee Code	Small Entity Fee Code	Fee Description	(\$)
1202	50	2202 25 Claims in excess of 20	
1201	200	2201 100 Independent claims in excess of 3	
1203	360	2203 180 Multiple dependent claim, if not paid	
1204	200	2204 100 ** Reissue independent claims over original patent	
1205	50	2205 25 ** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	120	2251 60 Extension for reply within first month	\$120.00
1252	450	2252 225 Extension for reply within second month	
1253	1020	2253 510 Extension for reply within third month	
1254	1,590	2254 795 Extension for reply within fourth month	
1255	2,160	2255 1080 Extension for reply within fifth month	
1401	500	2401 250 Notice of Appeal	
1402	500	2402 250 Filing a brief in support of an appeal	
1403	1000	2403 500 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	500	2452 250- Petition to revive - unavoidable	
1453	1,500	2453 750 Petition to revive - unintentional	
1501	1,400	2501 700 Utility issue fee (or reissue)	
1502	800	2502 400 Design issue fee	
1503	1100	2503 550 Plant issue fee	
1462	400	1462 400 Petitions, Group I	
1463	200	1463 200 Petition, Group II	
1464	130	1464 130 Petitions, Group III	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	790	2809 395 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810 395 For each additional invention to be examined (37 CFR § 1.29(b))	
1801	790	2801 395 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	\$790.00
Other fee (specify) _____			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 910.00)

CERTIFICATE OF MAILING

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**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY*Complete (if applicable)*

Name (Print/Type)	Eric J. Robinson	Registration No. (Attorney/Agent)	38,285	Telephone	(571) 434-6789
Signature				Date	June 24, 2005